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MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. <i>10/187055</i>		FILING DATE	
<i>10-1 CLAIMS</i>									
	AS FILED		AFTER SEARCHED		AFTER EXAMINED				
	REG.	O.C.P.	REG.	O.C.P.	REG.	O.C.P.		REG.	O.C.P.
1	1		1		1		61		
2		1		1		1	62		
3		1		1		1	63		
4							64		
5		1		1		1	65		
6		1		1		1	66		
7							67		
8	1		1		1		68		
9		1		1		1	69		
10		1		1		1	70		
11		1		1		1	71		
12	1		1		1		72		
13		1		1		1	73		
14		1		1		1	74		
15		1		1		1	75		
16		1		1		1	76		
17						1	77		
18	1		1		1		78		
19		1		1		1	79		
20		1		1		1	80		
21	1		1		1		81		
22							82		
23							83		
24							84		
25							85		
26							86		
27							87		
28							88		
29							89		
30							90		
31							91		
32							92		
33							93		
34							94		
35							95		
36							96		
37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL REG.	10		10		10		TOTAL REG.	0	
TOTAL O.C.P.	74		70		70		TOTAL O.C.P.	0	
TOTAL	24		20		20		TOTAL	0	